

United States Bankruptcy Court
Southern District of New York

In re: Lehman Brothers Holdings Inc., et al., Debtors
Chapter 11 Case No. 08-13555 (JMP)

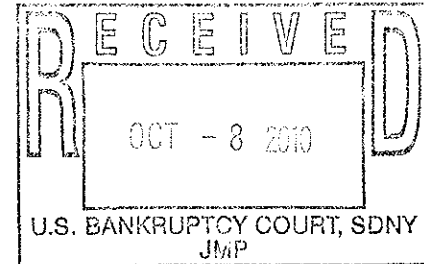
Re: Notice of Hearing on Debtors' Forty-First Omnibus Objection to Claims (Late-Filed Claims)

Creditor Name and Address:

Chan, Lori
33-49 75th Street
Jackson Heights, NY 11372

Claim No.: 67020

Priority / Unsecured Amount: \$ 417,994.37



To the attention of:

The Honorable James M. Peck, One Bowling Green, New York, NY 10004, Courtroom 601

Weil, Gotshal & Manges LLP, 767 Fifth Avenue, New York, NY 10153 (Attn: Shai Waisman, Esq.)

Office of the United States Trustee for the Southern District of New York, 33 Whitehall Street,
21st Floor, New York, New York 10004 (Attn: Andy Velez-Rivera, Esq., Paul Schwartzberg, Esq.,
Brian Masumoto, Esq., Linda Riffkin, Esq., and Tracy Hope Davis, Esq.)

Milbank, Tweed, Hadley & McCloy LLP, 1 Chase Manhattan Plaza, New York, New York 10005
(Attn: Dennis F. Dunne, Esq., Dennis O'Donnell, Esq., and Evan Fleck, Esq.)

To Whom It May Concern:

I am writing to oppose the disallowance and expungement of my claim on the basis that my proof of claim was first filed on time on January 6, 2009 in compliance with the Lehman Brothers Bankruptcy Bar Date Order.

Please be advised that my original proof of claim was first filed on January 6, 2009 (Exhibit A), well in advance of the September 2009 Bar Date, via both certified mail and electronically as per the instructions I received in the mail. In light of the uncertainty and confusion relating to Lehman Brothers' Bankruptcy at the time, I contacted EPIQ Bankruptcy Solution representatives multiple times in early 2009 and was assured that my claim with Lehman Brothers was "covered", properly filed and on record with their office.

I recently looked at Lehman Bankruptcy claims online and saw that no proof of claim was attached to my scheduled claim number 555051560. I contacted EPIQ again and was informed that my initial proof of claim filed on January 6, 2009 was on EPIQ's computer system at their Beaverton Oregon office under a different case number (08-01420).

I was then advised by EPIQ to send an amended claim to their New York office revising the case number (08-13555), consistent with my scheduled claim on record in EPIQ's computer system (Exhibit B). Accordingly, my amended claim dated 8/11/10 along with my initial claim dated 1/6/09 should have been merged with my scheduled claim 555051560 in the EPIQ claims system. Instead, my amended claim to EPIQ's New York office was assigned a new claim number 67020 with a late filing date of 8/13/10.

For your reference, Exhibit C shows my one claim as separate claims in the EPIQ claims system.

Please note that I have a valid claim under Lehman's liquidation case number 08-13555 and have done all that I was instructed to do on a timely basis, and in compliance with EPIQ's instructions received by mail and by telephone. I received only claims information and instructions to file for the Lehman Bankruptcy under case number 08-01420, which I promptly responded to in January 2009. I was not aware that there were different claim numbers since I did not receive any communication relating to case number 08-13555, which now looks to be where my scheduled claim resides, and that led to my 8/11/10 amended claim.

In my recent follow up calls, EPIQ indicated that there was no address shown on their computer for my scheduled claim under case number 08-13555, which may explain why no information was sent to me regarding that case number in the first place.

While I am unfamiliar with the nuances of bankruptcy proceedings, I have duly complied with filing instruction as received and followed up in good faith in a timely manner. As such, I respectfully request that my claim be properly included in any distribution relating to the Lehman Brothers Bankruptcy case number 08-13555.

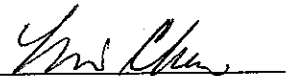
Thank you for your attention and assistance.

Dated: October 6, 2010

Sincerely Yours,

/s/ Lori Chan

Lori Chan



33-49 75th Street
Jackson Heights, NY 11372
Tele: (718) 429-4158
chan.lori@gmail.com

cc: Lehman Brothers Holdings Claim Processing
c/o Epiq Bankruptcy Solutions, LLC
757 Third Avenue, 3rd Floor
New York, NY 10017
Re: Chapter 11 Case Number: 08-13555 (JMP)
Scheduled Claim Number: 555051560

B 10 (Official Form 10) (12/07)

UNITED STATES BANKRUPTCY COURT Southern District of New York		PROOF OF CLAIM
Name of Debtor: Lehman Brothers, Inc.		Case Number: 08-01420 (JMP) SIPA
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (the person or other entity to whom the debtor owes money or property): LORI CHAN		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: _____ (If known) FILED ELECTRONICALLY on 1/6/09 Filed on: _____
Name and address where notices should be sent: 1000004627 LBI 12/1/2008 728895 Chan, Lori 33-49 75th St. 3349 75th St. Jackson Heights, NY 11372-1142 Telephone number: (718) 429-4158; (917) 693-1347		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.
Name and address where payment should be sent (if different from above): Telephone number: _____		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.
1. Amount of Claim as of Date Case Filed: \$ 417,990 If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.		5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount. Specify the priority of the claim. <input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507(a)(1)(A) or (a)(1)(B). <input checked="" type="checkbox"/> Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. §507 (a)(4). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. §507 (a)(5). <input type="checkbox"/> Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. §507 (a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. §507 (a)(8). <input checked="" type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. §507 (a)(4). 60 DAY Federal WARN NOTICE \$24,721 Amount entitled to priority: \$35,671
2. Basis for Claim: UNPAID 60 DAY WARN NOTICE, GUARANTEED WAGE COMPENSATION, & EARNED SALARY AND SEVERANCE (See instruction #2 on reverse side.) 3. Last four digits of any number by which creditor identifies debtor: -7018 3a. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side.) 4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____ Value of Property: \$ _____ Annual Interest Rate: _____ % Amount of arrearage and other charges as of time case filed included in secured claim, If any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____		
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim. 7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See definition of "redacted" on reverse side.) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain: _____		
Date: 1/6/09 Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any. <div style="text-align: center;"> LORI CHAN </div>		FOR COURT USE ONLY

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

EXHIBIT A - PROOF OF CLAIM FILED JANUARY 6, 2009.

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none">■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.■ Print your name and address on the reverse so that we can return the card to you.■ Attach this card to the back of the mailpiece, or on the front if space permits.		<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Agent JACKIE CANNON <input type="checkbox"/> Addressee</p> <p>C. Date of Delivery 1-9-09</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
1. Article Addressed to: LEHMAN BROTHERS CLAIM PROCESSING % EPIA BANKRUPTCY SOLUTION, LLC 10300 SW ALLEN BLVD BEAVERTON, OR 97005		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
7008 1140 0001 4035 0565			

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-01-10

EXHIBIT A - PROOF OF CLAIM FILED JANUARY 6, 2009 (PAGE 2)

United States Bankruptcy Court/Southern District of New York Lehman Brothers Holdings Claims Processing Center c/o Epiq Bankruptcy Solutions, LLC PDR Station, P.O. Box 5076 New York, NY 10150-5076		PROOF OF CLAIM	
In Re: Lehman Brothers Holdings Inc., et al. Debtors.	Chapter 11 Case No. 08-13555 (JMP) (Jointly Administered)		
Name of Debtor Against Which Claim is Held Lehman Brothers Holdings Inc.	Case No. of Debtor 08-13555 (JMP)		
<small>NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503. Additionally, this form should not be used to make a claim for Lehman Programs Securities (See definition on reverse side.)</small>		THIS SPACE IS FOR COURT USE ONLY	
Name and address of Creditor: (and name and address where notices should be sent if different from Creditor) Lori Chan 33-49 75th Street Jackson Heights, NY 11372 ID No. 555051560 Telephone number: 718-429-4158 Email Address: chan.lori@gmail.com		<input checked="" type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim. Court Claim Number: _____ (If known) Filed on: 1/6/09	
Name and address where payment should be sent (if different from above) Telephone number: _____ Email Address: _____		<input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.	
1. Amount of Claim as of Date Case Filed: \$ 417,994.37 If all or part of your claim is secured, complete Item 4 below; however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete Item 5. If all or part of your claim qualifies as an Administrative Expense under 11 U.S.C. §503(b)(9), complete Item 6. <input type="checkbox"/> Check this box if all or part of your claim is based on a Derivative Contract.* <input type="checkbox"/> Check this box if all or part of your claim is based on a Guarantee.* *IF YOUR CLAIM IS BASED ON AMOUNTS OWED PURSUANT TO EITHER A DERIVATIVE CONTRACT OR A GUARANTEE OF A DEBTOR, YOU MUST ALSO LOG ON TO http://www.lehman-claims.com AND FOLLOW THE DIRECTIONS TO COMPLETE THE APPLICABLE QUESTIONNAIRE AND UPLOAD SUPPORTING DOCUMENTATION OR YOUR CLAIM WILL BE DISALLOWED. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of interest or additional charges. Attach itemized statement of interest or charges to this form or on http://www.lehman-claims.com if claim is based on a Derivative Contract or Guarantee.		5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount. Specify the priority of the claim: <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B). <input checked="" type="checkbox"/> Wages, salaries or commissions (up to \$10,950), earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5). <input type="checkbox"/> Up to \$2,425 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input checked="" type="checkbox"/> Other - FEDERAL WARN NOTICE Specify applicable paragraph of 11 U.S.C. § 507(a)() <u>24721</u>	
2. Basis for Claim: Unpaid compensation & severance (see attached) (See instruction #2 on reverse side.)		Amount entitled to priority: \$ 35,651	
3. Last four digits of any number by which creditor identifies debtor: _____ 3a. Debtor may have scheduled account as: _____ (See instruction #3a on reverse side.)			
4. Secured Claim (See instruction #4 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: _____ Value of Property: \$ _____ Annual Interest Rate _____ % Amount of arrearage and other charges as of time case filed included in secured claim, if any: \$ _____ Basis for perfection: _____ Amount of Secured Claim: \$ _____ Amount Unsecured: \$ _____			
6. Amount of Claim that qualifies as an Administrative Expense under 11 U.S.C. §503(b)(9): \$ _____ (See instruction #6 on reverse side.)			
7. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim. 8. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages and security agreements. Attach redacted copies of documents providing evidence of perfection of a security interest. (See definition of "redacted" on reverse side.) If the documents are voluminous, attach a summary. DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain:		FOR COURT USE ONLY	
Date: 8/11/10	Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any. LORI CHAN		
<small>Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.</small>			

EXHIBIT B - AMENDED PROOF OF CLAIM FILED AUGUST 11, 2010

Claim Question? Call: 846 282 2400

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Lehman Brothers Holdings Inc. (Chapter 11)
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Criteria

Claim Number	Creditor Name	Scope
	Name Starts With	chan,lori
Schedule Number	Amount	
	Total Claim Value	Equals
Debtor	Claim Date Range	

Order By: Creditor Name Results Per Page: 50

Results

Expand All

[1] Page 1 of 1 - 03 total items

Claim #	Schedule #	Creditor Name	Date	Total Claim Value	Image
67020		CHAN, LORI 33-49 75TH STREET JACKSON HEIGHTS, NY 11372 Debtor: Lehman Brothers Holdings Inc.	8/13/2010 Claimed Priority: Claimed Unsecured:	\$417,994.37 \$35,651.00 \$382,343.37	
555051550		CHAN, LORI Debtor: Lehman Brothers Holdings Inc.		Schedule G	No Image
555051560		CHAN, LORI Debtor: Lehman Brothers Holdings Inc.	Scheduled Unsecured:	\$0.00	No Image
			Remarks: SCHEDULED CONTINGENT, UNLIQUIDATED		

[1] Page 1 of 1 - 03 total items

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EXHIBIT C - EPIQ SYSTEM LISTED CLAIMS FOR LORI CHAN